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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS, ARIZONA STATE BOARD OF HEALTH				STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>230</u>	
County <u>Maricopa</u>		State <u>Arizona</u>		Registered No. <u>327</u>	
District or Township <u>Phoenix</u>		or Village <u>Phoenix</u>		or	
City <u>Phoenix</u>		No. <u>Arizona</u>		Ward <u>Oroconuss</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number),					
2. FULL NAME <u>Fred R. Kent</u>					
(a) Residence No. <u>2205 No 8th</u>		St. <u></u>		Ward <u></u>	
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred <u>6</u> yrs. <u></u> mos. <u></u> ds. How long in U. S. if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>married</u> (Write the word)			
5a. If married, widowed, or divorced HUSBAND of <u>Marcia Kent</u> (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day and year) <u>Dec 12-1897</u>					
7. AGE	Years <u>37</u>	Months <u>7</u>	Days <u>2</u>	IF LESS than 1 day <u></u> hrs. <u></u> or min. <u></u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business or establishment in which employed (or employer) <u></u> (c) Name of employer <u></u>					
9. BIRTHPLACE (city or town) <u>Illinois</u> (State or country) <u></u>					
10. NAME OF FATHER <u>William Kent</u>					
11. BIRTHPLACE OF FATHER <u>England</u> (State or country) <u></u> or town <u></u>					
12. MAIDEN NAME OF MOTHER <u>Anna J. Kinney</u>					
13. BIRTHPLACE OF MOTHER <u>New York</u> (State or country) <u></u> (city or town) <u></u>					
14. Informant <u>Wife</u> (Address) <u></u>					
15. Filled <u>7-16</u> <u>1925</u> <u>M.O. Smith M.D.</u> <u>- WPK -</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>July 14 1925</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>July 12 1925</u> to <u>July 14 1925</u> that I last saw him alive on <u>July 14 1925</u> and that death occurred, on the date stated above, at <u>7:30 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Septicemia by perforating</u> <u>perforated appendicitis</u> (duration) <u></u> yrs. <u>3</u> mos. <u></u> ds.					
CONTRIBUTORY (Secondary) <u>7</u> (duration) <u></u> yrs. <u></u> mos. <u></u> ds.					
18. Where was disease contracted if not at place of death? <u></u> Did an operation precede death? <u>Yes</u> Date of <u>7-12-25</u> Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Specimen</u> (Signed) <u>W. M. Smith</u> M. D. <u>7/16/1925</u> (Address) <u></u> * State the Disease, Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenwood</u>			DATE OF BURIAL <u>July 17-25</u>		
20. UNDERTAKER <u>W. M. Smith</u> <u>Ellis Allen</u>			ADDRESS <u>3117 10th Ave</u>		